## STATE OF NEW HAMPSHIRE

### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

OCT 25 2017

I. Name of Lob	byist(s) <u>Ge</u>	orge W. Roussos	and Line	isay E. Nadeau	— IVEVV HAMBCUID⇔
II. Name of lob	bvist's partr	ership, firm or corporation	n. if anv:		DEPARTMENT OF STATE
Orr & Re	•		,,		
		rtnership, firm or corporation)			
45 S. Ma	ain St	PO Box 3550 Co	oncord	NH	03302
Business Address		(Town/C		(State)	(Zip Code)
(603) 224-2	2381	(603) 224-2	:318	a mail Inadeal	u@orr-reno.com
(Telepl		(003)	(Fax)	C-man	
		Choose one – file separate ions which are not attribu			y file a separate report for
All reportab	le transaction	s occurring in the months pr	ior to the repo	orting date relative to the	following client:
New Hamp	shire A	ssociation of Do	omestic	Insurance Comp	panies
O.D.	(Full	Name of Client as it appears on	the Lobbyist R	egistration Form)	<del></del>
OR ☐ All reportable unrelated to any		by the lobbyist (including tent.	he lobbyist's	family), or the lobbying	firm listed below which are
IV. Date of Rep	ort Apri	126, 2017		July 26, 2017	
Reports cover:	•	date of registration to 3/31/17	activi	ity from 4/1/17 to 6/30/17	
		ber 25, 2017 🛚 med 25, 2017 from 7/1/17 to 9/30/17	activ	January 31, 2018 [] hity from 10/1/17 to 12/31/1	77
	cked, comple	es received and no repor te just this form and submit			
VI Chack if ad	ditional rand	rts are attached:			
	-	or made expenditures, you	must file Add	endum A– Fees and Ex	nenses
•	paid an hono	rarium or reimbursed expens		,	,
☐ If you, your	firm, or your	family has made political co	ontributions, y	you must file Addendun	n C- Political Contributions
	15, RSA 15- the best of m	on by Lobbyist B, RSA 14-C and RSA 664 y knowledge and belief.	and hereby sv	wear or affirm that the fo	
V	• /			(L)ale	,
Lindsay E (Print Name of	· · · · · · · · · · · · · · · · · · ·	1			

# STATE OF NEW HAMPSHIRE



## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) George W. Roussos and Lindsay	E. Nad	eau
II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A.		
(Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Association of Domestic Insurance Companies	Date_	10/25/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, o	or public relations services
a) Total of all fees received in this reporting period	a) \$	92,800.91
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y		9,500.00
c) Total of all fees received to date (Add lines a and b)	c) \$	102,300.91
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of le being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if may be file e aggregate expenses; (b) le: meals pu ss than \$10 ed with a va orting periodue of greate er than \$25, expense re	expenditures are made by d for the lobbyist(s)/firm total of all expenses paid the aggregate total of all archased during a business that is given to the person lue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50 eimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	0.00
(Add lines a, b and c)	-	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	15,100.00
f) Total of all expenses year to date	f) \$	15,100.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees d	uring this reporting
Paid to:	Amount:	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the for	egoing information
Maelun	10/25/	<sup>/</sup> 17
(Signature of lobbyist)		ate)
Lindsay E. Nadeau		
(Print Name of lobbyist)		

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn St	atement/Afi	firmation b	y Lobbyist
Statemen	t of Income	and Expen	ses for:

Name of Lobbying partnership, firm, or corporation: Orr & Reno, P.A.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): New Hampshire Association of Domestic Insurance Companies
Date of Report (check one):
Dute of Report (eneck one).
April 26, 2017 □ July 26, 2017 □ October 25, 2017 ☒ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist)  (Date)
Lindsay E. Nadeau
(Print Name of lobbyist)